



2011 – 2012
ARIZONA HIGHLY QUALIFIED ATTESTATION FORM
SPECIAL EDUCATION: Teacher of Record (K- Grade 6)

Pursuant to requirements mandated by H.R. 1350, Sec. 602 – Individuals with Disabilities Education Improvement Act of 2004. To be completed by Special Education Teachers who are the teacher of record.

Name:		SSN (last 4 digits):	
School:		District:	
Teacher Work Email:		School Start Date: (mm/yyyy)	

(Date teacher **first** began working at this school site)

Please check where applicable:

1. ☐ Holds a bachelor's degree and
2. ☐ Holds a valid Arizona Special Education Certificate (A.R.S. §15-502.B) – intern, provisional, reciprocal or standard (including charter schools)

Disability Area(s) Listed on Certificate: _____

and

3. ☐ **Teacher of Record** (*A teacher of record directly instructs, evaluates and assigns grades to students in core academic subjects.*)

You must be highly qualified in Elementary Content (K-8) or Early Childhood Content (K-3). This includes teachers with students assessed against the Alternate AIMS.

Please check only ONE option below:

- a. ☐ Passed the Elementary Education Subject Knowledge AEPA test #01; **OR**
- b. ☐ Passed the Early Childhood Subject Knowledge AEPA test #36 (covers K-3 only); **OR**
- c. ☐ Earned a minimum of 100 points on the AZ HOUSSE for Special Education Teachers- Elementary content, completed prior to June 30, 2007 (documentation required). An existing rubric may be utilized by teachers continuing or returning to teach in the Elementary content area; **OR**
- d. ☐ Earned a minimum of 100 points on the AZ HOUSSE for Veteran Teachers Returning to the Profession – Special Education K-12 (documentation required); **OR**
- e. ☐ Highly Qualified Teacher Reciprocity (must provide comparable out-of-state test or out-of-state HOUSSE rubric and documentation)

and

4. Current Teaching Assignment:

Grade(s) *Disability Area(s)* *Periods taught in this core content area*

If you checked 1, 2, and 3 (including 3a, 3b, 3c, 3d or 3e), under federal guidelines, you are considered highly qualified.

☐ **Highly Qualified Teacher**

☐ **Non-Highly Qualified Teacher**

I attest to the factual completion of this evaluation.

Signature of Teacher

Date

Printed Name of Principal

Signature of Principal

Date